



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES**

BUREAU OF ELDERLY & ADULT SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4680 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate
Commissioner

December 21, 2009

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a sole source amendment to an existing Agreement (Purchase Order #1003914) with Rockingham Nutrition and Meals on Wheels Program, Inc., 106 North Road, Brentwood, New Hampshire 03833 (Vendor Code # 155197), to provide Nutrition Services/Congregate meals to elderly individuals, which was initially approved by Governor and Council on October 21, 2009 (Item # 79), by increasing the contract amount by \$13,536.69 from \$101,850.56 to \$115,387.25, effective retroactive to January 1, 2010 through September 30, 2010. This amendment is supported with funds made available under the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services/Home Delivered and Congregate meals. Funds are available in the following account(s) for SFYs 2010 and 2011, with the authority to adjust encumbrances between each of the State fiscal years through the Budget Office if needed and justified.

05-95-48-481010-0885 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, AOA ARRA MEALS

Fiscal Year	Class/Object Code	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2010	502-500891	Contracts to providers	\$ 87,150.56	\$13,536.69	\$100,687.25
SFY 2011	502-500891	Contracts to providers	\$ 14,700.00	\$ 0.00	\$ 14,700.00
Totals			\$101,850.56	\$13,536.69	\$115,387.25

Source of Funds: One hundred percent Federal ARRA funds.

EXPLANATION

Funding for this amendment with Rockingham Nutrition and Meals on Wheels Program, Inc. is with American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA) funds, which provide Nutrition Services/Congregate meals that meet some needs of elderly individuals by providing meals in a group setting. This amendment provides job restoration/retention support in the amount of \$13,536.69. Services are provided in accordance with The Older American's Act (AoA) of 1965, as amended.

The Administration on Aging (AoA) awarded BEAS two grants from the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services /Home Delivered meals and Nutrition Services/ Congregate meals to seniors in need of food by preventing waitlists and closures and to create or retain jobs. These funds assist New Hampshire communities dealing with rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults. To maintain transparency and accountability for the use of the ARRA funds, BEAS awarded separate contracts to the Nutrition providers, which serves to segregate the ARRA funds from the ongoing BEAS supported Nutrition programs. Services provided and the associated costs will be tracked and reported separately on a monthly basis to meet the requirements of the ARRA legislation.

The initial distribution of the ARRA funds for the Home Delivered and Congregate Meals programs was determined as follows: BEAS elected, with the support of the AoA, not to seek competitive bids for these services as all meals providers who submitted a bid in response to RFP 10 DCBCCS-BEAS-SS-01 released by BEAS on February 6, 2009, were awarded contracts for congregate and/or home delivered meals. BEAS contacted these providers and asked them to identify additional needs that meet the requirements of the ARRA funds. This amendment is part of the final distribution of SFY 2010 ARRA Nutrition Services/Congregate Meals spending plan in the amount of \$71,854.00 that was not obligated at the time the original ARRA contracts were approved. Development and finalization of the spending plan involved: 1) clarification from AoA regarding allowable costs and reporting requirements, and 2) negotiations with the nutrition providers who requested additional ARRA funds. Under the final spending plan, contract amendments were awarded to all the nutrition providers who requested additional Nutrition Services/Congregate Meals ARRA funding that meet the ARRA requirements. See attached list of BEAS' final ARRA Spending Plan.

BEAS offers the following retroactive explanation. BEAS' ARRA Nutrition Services/Congregate meals spending plan for job restoration/retention support funds is based on twenty-six (26) weeks, from January 1, 2010 through June 30, 2010. Development and finalization of the spending plan involved: 1) clarification from AoA regarding allowable costs and reporting requirements, and 2) negotiations with the nutrition providers who requested additional ARRA funds. Furthermore, the providers needed additional time to determine how to sustain financial support for the jobs that were restored and/or retained upon termination of the ARRA contract amendment.

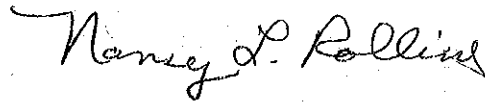
The contractor's performance will be measured by their ability to provide the number of meals and clients served, quality of service, each meal shall provide 1/3 of the Recommended Dietary Allowance (RDA) issued by the United States Departments of Health and Human Services and Agriculture, avoidance of a waitlist, and meeting the required documentation detailed in Exhibit C ARRA Standard Terms and as instructed by BEAS in accordance with the terms of the contract as evidenced by monthly invoices and reports submitted to BEAS.

Area served: See attached Catchment Area Form.

Source of Funds: One hundred percent Federal ARRA funds.

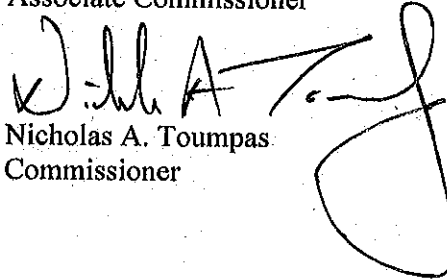
In the event that the Federal funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner



The American Recovery and Reinvestment Act of 2009

State Fiscal Year 2010				SFY 2010		SFY 2010		SFY 2010		SFY 10	
Agency	Towns in which agency resides	SFY 2010		Rate per Meal:		Congregate Meals		Rate per Meal:		Subtotal	
		Delivered Meals	# Meals	Dollars	Dollars	# Meals	Dollars	Jobs: Paid with Recovery Act Funds	Amount	SFY 10	
1 Cap Belknap Merrimack Counties	Concord	5,410	5,410	\$28,781.20	\$6,370.00	1,300	\$17,538.30		\$52,689.50		
2 Gibson Center for Senior Citizens	North Conway	2,246	2,246	\$11,948.72	\$0.00	0	\$0.00		\$11,948.72		
3 Grafton County Senior Citizens Council	Lebanon	2,246	2,246	\$11,948.72	\$0.00	0	\$0.00		\$11,948.72		
4 Greater Wakefield Resource System	Union	not a provider of HD meals			\$9,800.00	2,000	\$0.00		\$9,800.00		
5 Newport Senior Center	Newport	0	0	\$0.00	\$0.00	0	\$0.00		\$0.00		
6 Ossipee Concerned Citizens	Center Ossipee	2,562	2,562	\$13,629.84	\$44,100.00	9,000	\$0.00		\$57,729.84		
7 Rockingham County Nutrition Program	Brentwood	4,408	4,408	\$23,450.56	\$63,700.00	13,000	\$13,536.69		\$100,687.25		
8 Somersworth Housing Authority	Somersworth	3,301	3,301	\$17,561.32	\$0.00	0	\$11,582.50		\$29,143.82		
9 St. Joseph Community Service	Merrimack	5,410	5,410	\$28,781.20	\$73,500.00	15,000	\$0.00		\$102,281.20		
10 Tri-County Community Action Program	Berlin	2,246	2,246	\$11,948.72	\$28,175.00	5,750	\$0.00		\$40,123.72		
11 VNA @ HCS	Keene	2,246	2,246	\$11,948.72	\$0.00	0	\$0.00		\$11,948.72		
Total		30,075	30,075	\$159,999.00	\$225,645.00	46,050	\$42,657.49		\$428,301.49		

State Fiscal Year 2011				Rate per Meal:	
Congregate Meals				Dollars	
# Meals				\$4.90	
0				\$0.00	
0				\$0.00	
0				\$0.00	
500				\$2,450.00	
0				\$0.00	
1,200				\$5,880.00	
3,000				\$14,700.00	
0				\$0.00	
4,000				\$19,600.00	
2,363				\$11,578.70	
0				\$0.00	
11,063.00				\$54,208.70	

SFY 11	Conf	\$4.90
--------	------	--------

[illegible][illegible]

asp
a b a c

AMENDMENT

This Agreement (hereinafter called the "Amendment") dated this 10th day of December, 2009, by and between the State of New Hampshire, acting by and through its Division of Community Based Care Services, Bureau of Elderly and Adult Services of the Department of Health and Human Services (hereinafter referred to as the "Bureau") and Rockingham Nutrition and Meals on Wheels Program, Inc., a corporation organized under the laws of the State of New Hampshire, with a place of business at 106 North Road, Brentwood, New Hampshire 03833 (hereinafter referred to as the "Provider").

WHEREAS, pursuant to an Agreement (hereinafter called the "Agreement") dated August 21, 2009, and approved by the Governor and Executive Council on October 21, 2009, (Item # 79), the Provider agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein; and

WHEREAS, pursuant to the provisions of Section 17 of the Agreement, the Agreement may be amended, waived or discharged only by a written instrument executed by the parties thereto; and

WHEREAS, the Provider and the Division have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties do hereby agree as follows:

1. Amendment and Modification of Agreement:

The Agreement is hereby amended as follows:

To Amend Price Limitation section 1.8 by increasing the amount from \$101,850.56 to \$115,387.25.

To Amend Exhibit A Scope of Services by adding Section I (A) as follows:

SECTION I (A): NUTRITION SERVICES/ JOB RESTORATION/RETENTION

The Contractor agrees to provide:

SERVICE/PROGRAM DESCRIPTION

Under this contract amendment American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA) funds provide Nutrition Services/ Job Restoration and Retention that meet some needs of elderly individuals by providing meals in a group setting. Services shall be provided in accordance with The Older American's Act (AoA) of 1965, as amended.

SERVICE/PROGRAM AND ADMINISTRATIVE REQUIREMENTS:

1. The Contractor agrees to provide the following service/program activities:

Contractor's Initials: JP

Date: 12/15/09

Nutrition Services/ Job Restoration and Retention shall include the following: Congregate Satellite Site Manager and Site Assistant in Rockingham County for 10 hours and 8 hours per week, respectively, to manage the opening of satellite meal site(s) and Congregate Satellite Staff for 6 hours per day for 5 days per week to operate the satellite site(s).

2. The Contractor agrees to perform the following administrative services: monitor and evaluate nutrition services, maintain financial records; submit reports as requested to the Bureau of Elderly and Adult Services and as outlined in Exhibit C, American Recovery and Reinvestment Act Standard Terms.

3. Rules and Policies:

Nutrition Services/ Job Restoration and Retention shall be provided according to the rules and policies of the Bureau of Elderly and Adult Services, and as they may be adopted and amended from time to time, including the Direct and Purchased Services for Adults (PR 88-1: Nutrition Item 222; Sections 3010.3; 3010.4C; 3010.5 A, E, F, G, H, I; 3010.6), and The Older American's Act of 1965 as amended, and which are incorporated by reference into this Agreement.

4. Location:

Nutrition Services/ Job Restoration and Retention shall be provided at satellite Congregate Meals Site(s) in Rockingham County.

5. Quality Assurance/Performance Measures:

BEAS has identified the following Benchmarks that indicate the degree of success of the Contractor's performance. The required BEAS and ARRA reports will be the means by which the outcomes of these program measures are reported to BEAS.

American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA). Nutrition Services/ Job Restoration and Retention Performance Measures and Benchmarks are included below and may be amended during the contract period.

Performance Measures	BEAS Benchmark
Satellite Meal Site(s) opened	An additional number of eligible clients in Rockingham County receive meals at the new satellite site(s).

6. Catalogue of Federal Domestic Assistance (CFDA)

This service is funded with 100% federal funds made available under the CFDA # 93.707 American Recovery and Reinvestment Act of 2009 Grant for Congregate Nutrition Services.

Contractor's Initials: AP
Date: 12/15/09

**EXHIBIT B
PURCHASE OF SERVICES**

Contractor Name: Rockingham Nutrition and Meals on Wheels Program, Inc.

1. Subject to the Contractor's compliance with the terms and conditions of the Agreement, the Bureau of Elderly and Adult Services shall reimburse the Contractor for units of service provided to eligible individuals, by the Contractor, at the following rates/amounts:

STATE FISCAL YEARS 2010 & 2011
Governor and Council approval through September 30, 2010

ARRA Service	<u>SFY 2010 Rate Per Unit</u>	<u>SFY 2010 Units</u>	<u>SFY 2010 Cost</u>	<u>SFY 2011 Rate Per Unit</u>	<u>SFY 2011 Units</u>	<u>SFY 2011 Cost</u>
Congregate Nutrition Services	\$ 4.90 per meal	13,000	\$ 63,700.00	\$ 4.90 per meal	3,000	\$ 14,700.00
Home Delivered Nutrition Services	\$ 5.32 per meal	4,408	\$ 23,450.56	\$ 5.32 per meal	0	\$ 0.00
Congregate Satellite Site (TBD) Site Manager	\$13.39 per hour	260 hours	\$ 3,481.40			
Congregate Satellite Site (TBD) Site Assistant	\$10.25 per hour	208 hours	\$ 2,132.00			
Congregate Satellite Site (TBD) Site staff	\$9.00 per hour	780 hours	\$ 7,020.00			
Fringe Benefits for above positions @ 7.15%			\$ 903.29			
Totals			\$ 100,687.25			\$ 14,700.00

2. It is understood that in no event shall the total payments made by the Bureau of Elderly and Adult Services under this Agreement exceed the sum of \$ 115,387.25.
4. The Bureau of Elderly and Adult Services will reimburse from one funding source only, i.e. American Recovery and Reinvestment Act of 2009 Grant for a single unit of service *and job restoration and retention*. Contractors must not submit invoices for a single unit of service to more than one funding source.
2. Effective Date of Amendment:

This Amendment shall be effective retroactive to January 1, 2010, upon approval of Governor and Executive Council.

Contractor's Initials: AP
Date: 12/15/09

3. Continuance of Agreement:

Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement, and the obligations of the parties thereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE
Division of Community Based Care Services
Bureau of Elderly and Adult Services
Department of Health and Human Services

By Nancy A. Rollins

Associate Commissioner

Rockingham Nutrition + Meals on Wheels Program, Inc.

Name of Corporation

By Debra Perou, Ex. Director

Name/Title

STATE OF New Hampshire

COUNTY OF Rockingham

On this the 15th day of December 20 09, before me, Jaymie Chagnon the undersigned officer, personally appeared Debra Perou who acknowledged ~~himself~~/herself to be the Ex. Director of Rockingham Nutrition + Meals on Wheels Program, Inc., a corporation, and that ~~he~~/she, as such Ex. Director being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by ~~himself~~/herself as Executive Director.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Jaymie A. Chagnon

JAYMIE LEF CHAGNON, Notary Public/Justice of the Peace

My commission expires:

Notary Public - New Hampshire
My Commission Expires March 8, 2011

Approved by Attorney General this 6th day of January 20 10.

By Suzan M. Lehmann (Suzan Lehmann)
OFFICE OF THE ATTORNEY GENERAL

Approved by Governor and Council this 27th day of January, 20 10. Item # 52

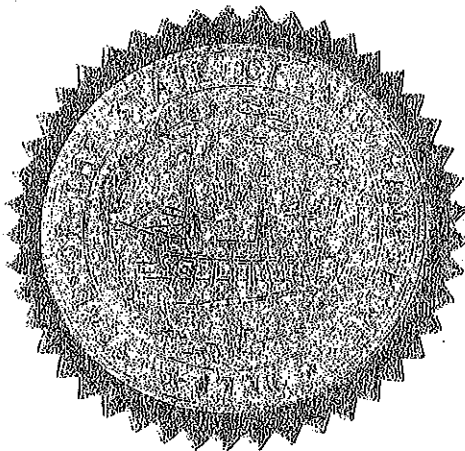
Contractor's Initials: SLP

Date: 12/15/09

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ROCKINGHAM NUTRITION AND MEALS ON WHEELS PROGRAM, INC. is a New Hampshire nonprofit corporation formed October 30, 1978. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of February, A.D. 2009

A handwritten signature in dark ink, appearing to read "Wm. Gardner", written over a horizontal line.

William M. Gardner
Secretary of State

Search:
By Business Name
By Business ID
By Registered Agent
Annual Date
All Data

Search Type: **Starting With**

Search Criteria: **Rockingham Nutrition & Meals On Wheels**

Search Date: **2/17/2009**

Search Time: **10:10**

Click on the Entity Name or Business ID to view more information.

Entity Name	Business ID	Type	Entity Status	Entity Creation Date
ROCKINGHAM NUTRITION AND MEALS ON WHEELS PROGRAM, INC.	66243	Non-Profit Corporation	Good Standing	10/30/1978

Records Returned 1 to 1

[Privacy Policy](#) | [Accessibility Policy](#) | [Site Map](#) | [Contact Us](#)

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of Board of Directors of Rockingham Nutrition & Meals On Wheels Program, Inc.
(Name of Governing Board) (Name of Corporation)

On November 12, 2009 which was duly called at which a quorum was present:

"On motion duly made and seconded, it was voted to authorize the Chairman, Vice-Chairman, Secretary/Treasurer, or Executive Director to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract) Debra Perou is the duly elected (Title) Executive Director of this corporation and is still qualified and serving in such capacity.

December 15, 2009
(Date)

Diane C. Kerr
Secretary

(Imprint seal of corporation. If none, write: "No corporate seal.")

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE

COUNTY OF Rockingham

On December 15, 2009, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that she executed the foregoing certificate.

In witness whereof I hereunto set my hand and official seal.

Jaymie L. Chagnon
Notary Public/Justice of the Peace

My commission expires: _____

JAYMIE LEE CHAGNON
Notary Public - New Hampshire
My Commission Expires March 8, 2011

PRODUCER The Demers Agency PO Box 553 Rye, NH 03870 PHONE: 603-964-9555		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Rockingham Nutrition Meals on Wheels Program Inc. 106 North Road Brentwood, NH 03833-6614		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Nationwide Mutual Insurance Company	
		INSURER B: Penn America Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PAC 6646861	01/02/10	01/02/11	EACH OCCURRENCE	\$ 2,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS-COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	BA 5404058956	09/10/09	09/10/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
A	BUSINESS OWNERS LIABILITY <input checked="" type="checkbox"/> LIABILITY AND MEDICAL EXPENSE PERSONAL AND ADVERTISING INJURY <input checked="" type="checkbox"/> MEDICAL EXPENSES <input checked="" type="checkbox"/> FIRE LEGAL LIABILITY	BPOM 5313645838	12/11/09	12/11/10	EACH OCCURRENCE	\$ 2,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
					MED EXP (Any one person)	\$ 5,000
					GENERAL AGGREGATE	\$ 4,000,000
					PRODUCTS-COMP/OP AGG	\$ 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER


State of NH BEAS
129 Pleasant Street, Brown Building
Concord, NH 03301

Attn: Cindy Carpenter
Fax # 271-4643

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



PRODUCER
USI Insurance Svcs of NE, Inc.
PO Box 6360
Manchester, NH 03108-6360
603 625-1100

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Rockingham County
C/O Finance Office
119 North Road
Brentwood, NH 03833

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Midwest Employers Casualty Company**

23612

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

COVERAGES AS OF 12/28/09

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC005843 Excess	01/01/10	01/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Rockingham County Nutrition Meals on Wheels program

CERTIFICATE HOLDER

State of New Hampshire
Dept. of Health & Human Services
29 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

E. Arnold

PRODUCER
USI Insurance Svcs of NE, Inc.
PO Box 6360
Manchester, NH 03108-6360
603 625-1100

THIS CERTIFICATE CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Rockingham County
C/O Finance Office
119 North Road
Brentwood, NH 03833

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Midwest Employers Casualty Company**

23612

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

COVERAGES AS OF 12/28/09

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Excess W.C.	WC005843	01/01/10	01/01/11	\$1,000,000 Ea. Accident \$1,000,000 Ea. Employee \$1,000,000 Policy Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Rockingham County Nutrition Meals on Wheels program

CERTIFICATE HOLDER

State of New Hampshire
Dept. of Health & Human Services
29 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

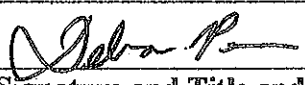
AUTHORIZED REPRESENTATIVE

E. Harold Fawcett

**Comprehensive General Liability Insurance & Worker's Compensation
Acknowledgement Form**

The New Hampshire Office of Attorney General requires that the Request for Proposal (RFP) package inform all Bidders of the State of New Hampshire's general liability insurance and worker's compensation requirements. Please complete and return this form and all required Certificate(s) of Insurance with your proposal.

Comprehensive General Liability Insurance: The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire. Please select ONE of the three checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire.

		Select one
1	The contractor certifies that it IS a 501 © (3) contractor whose <u>annual</u> total amount of contract work with the State of New Hampshire does <u>not</u> exceed \$500,000.	
2	The contractor certifies that it IS a 501 © (3) contractor whose <u>annual</u> total amount of contract work with the State of New Hampshire <u>equals or exceeds</u> \$500,000.	X
3	The contractor certifies that it is NOT a 501 © (3) contractor.	
	 7/3/07 Executive Director Signature and Title and Date	

INSURANCE REQUIREMENTS for selection # 1 – Per RSA 21-1: 13, XIV. The general liability insurance provision for standard state contracts, requires any contractor who qualifies for nonprofit status under section 501 © (3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000 to have:

- Comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

INSURANCE REQUIREMENTS for selection # 2 or # 3 – Per Agreement (P-37) General Provisions, 14.1 and 14.1.1. Insurance and Bond: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance:

- Comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence. *The State of New Hampshire MAY modify these amounts upon approval of the Attorney General.*

The policies shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

SP 7/3/07

tel 603-675-2201 fax 603-675-2202

Mission Statement

The Rockingham Nutrition and Meals on Wheels Program provides nutritious meals and beneficial support services to older and disabled residents of Rockingham County who need assistance to help them preserve long term health, well-being, and independence.



SHAHEEN, PALLONE & ASSOCIATES
A PROFESSIONAL CORPORATION OF CERTIFIED PUBLIC ACCOUNTANTS

861 TURNPIKE STREET, NORTH ANDOVER, MA 01845
(978) 686-7200 FAX (978) 686-4314

INDEPENDENT AUDITORS' REPORT

***To the Board of Directors of
Rockingham Nutrition and Meals on Wheels Program
Brentwood, New Hampshire***

We have audited the accompanying statement of financial position of Rockingham Nutrition and Meals on Wheels Program (a nonprofit organization) as of June 30, 2009, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Rockingham Nutrition and Meals on Wheels Program as of June 30, 2009 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated October 8, 2009 on our consideration of Rockingham Nutrition and Meals on Wheels Program's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of Rockingham Nutrition and Meals on Wheels Program taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U. S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Shaheen, Pallone & Associates, P.C.

October 8, 2009

STATEMENT OF FINANCIAL POSITION
JUNE 30, 2009

ASSETS

Current Assets

Cash and cash equivalents	\$ 756,489
Investments (Note 2)	287,098
Accounts and grants receivable	61,451
Prepaid expenses	<u>10,760</u>

Total Current Assets 1,115,798

Property, equipment, net (Note 4) 20,570

Total Assets \$ 1,136,368

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 63,186
Accrued expenses	<u>75,427</u>

Total Liabilities 138,613

Net Assets

Unrestricted:	
Operating	141,355
Board Designated (Note 8)	<u>856,400</u>

Total Net Assets 997,755

Total Liabilities and Net Assets \$ 1,136,368

The accompanying notes are an integral part of the financial statements.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2009

UNRESTRICTED NET ASSETS

Public Support and Revenue

Bureau of Elderly and Adult Services IIIC	\$ 774,342
Bureau of Elderly and Adult Services IIIB	138,314
Bureau of Elderly and Adult Services XX	473,878
HCBC	262,510
NSIP	160,989
Rockingham County and Local Municipal Government Grants	177,005
Site Donations	314,596
Fundraising Revenue and Other Donations	109,801
United Way Allocations	89,516
Other Income	18,725
In-Kind Revenue	<u>168,000</u>
Total Unrestricted Public Support and Revenue	<u>2,687,676</u>

Expenses and Losses

Program Services

Congregate	329,205
Home Meals	1,922,605
Social Services	25,858
Transportation	<u>128,540</u>
Total Program Services	<u>2,406,208</u>

Supporting Services

Management and General	225,471
Fundraising	<u>6,353</u>
Total Supporting Services	<u>231,824</u>

Net unrealized loss on investments	<u>56,448</u>
---	----------------------

Total Expenses and Losses	<u>2,694,480</u>
----------------------------------	-------------------------

Change in Net Assets	(6,804)
-----------------------------	----------------

Net Assets - Beginning of Year	<u>1,004,559</u>
---------------------------------------	-------------------------

Net Assets - End of Year	<u>\$ 997,755</u>
---------------------------------	--------------------------

The accompanying notes are an integral part of the financial statements.

Rockingham Nutrition & Meals on Wheels Program
 106 North Road
 Brentwood, NH 03833
 (603) 679-2201

Board of Directors 2009 – 2010

<u>Name:</u>	<u>Address:</u>	<u>Telephone:</u>	<u>Office:</u>
Maureen Barrows	Rockingham County Complex 119 North Road Brentwood, NH 03833	679-5335 (work) 778-8721 (home)	Chairman
Paul C. Adams	61 Poplin Drive Fremont, NH 03044	895-0325 (home) 895-5730 (work)	Vice-Chairman
Diane Kerr	77 Park Street Exeter, NH 03833	778-8445	Secretary/Treasurer
David Barka	64 East Derry Road Derry, NH 03038	434-4938 785-4941 (cell)	
Dennis J. Brady	4 Twin Pond Circle Exeter, NH 03833	772-4206	
Paul A. Hamblett	3 Main Street PO Box 451 New Castle, NH 03854	436-2771(home) 431-1111(work)	
Sallyann Hawko	19 Meadowood Drive Exeter, NH 03833	775-0920	
Len Pichini	5 Meadowood Drive Exeter, NH 03833	772-5029	
Kenneth Weyler	23 Scotland Road Kingston, NH 03848	642-3518	

**AMERICAN RECOVERY
AND REINVESTMENT
ACT OF 2009**

Personnel Form - Program Personnel Costs Budget By Service	
Agency Name	Rockingham Nutrition & Meals on Wheels Program, Inc.
Program Service Name	ARRA Congregate & Homedelivered Nutrition Programs

Position Title	SFY 2010 7/1/09 - 6/30/10		Dollars Budgeted to BEAS ARRA Nutrition Program
	Total Annual Salary	Percentage Budgeted to BEAS ARRA Nutrition Program	

Key Administrative Staff			
Executive Director	70,543	0%	\$ -
Assistant Director	47,125	0%	\$ -
Key Program Staff			
Site Manager, H.	19,666	7%	\$ 1,441
Site Manager, Pl.	30,730	6%	\$ 1,921
Site Manager, Br.	31,814	6%	\$ 1,988
Site Manager, Po.	22,281	16%	\$ 3,487
Site Assistant, Po.	10,658	20%	\$ 2,132
Site Staff, Po.	7020	100%	\$ 7,020
Site Manager, D	20,888	8%	\$ 1,740
Site Manager, Ex.	22,409	6%	\$ 1,400
Site Manager, N.	27,938	6%	\$ 1,746
Site Manager, Sa.	24,745	6%	\$ 1,546
Site Manager Sea.	19,666	6%	\$ 1,230

Total Personnel Costs	\$ 355,483	\$	25,650.08
------------------------------	------------	----	-----------

Program Budget Form - Program Costs & Revenues Budget By Service

Agency Name	Rockingham Nutrition & Meals on Wheels Program, Inc.
Program Service Name	ARRA Congregate Nutrition

Program Component	SFY 2010 10/7/09 - 6/30/10	
	FTE	Amount

COSTS		
Salaries & Benefits		
Personnel Salaries	\$ -	\$ 25,650
Fringe Benefits & Payroll Taxes		\$ 1,833
Subtotal Salaries & Benefits	0	\$ 27,483

Other Direct Costs		
Food		
Subcontracts	\$	64,800
Other		
Subtotal Other Direct Costs	\$	64,800

Occupancy	\$	-
-----------	----	---

Subtotal Program Costs	\$	92,283
------------------------	----	--------

Agency Admin. Support	\$	-
-----------------------	----	---

TOTAL PROGRAM COSTS	\$	92,283
----------------------------	----	---------------

REVENUES		
Federal ARRA Revenues		
American Recovery and Reinvestment Act of 2009 (ARRA)	\$	63,700
	\$	13,537
Total ARRA Revenues	\$	77,237

In-kind Revenue, Other - Fundraising	\$	13,630
--------------------------------------	----	--------

TOTAL PROGRAM REVENUES	\$	90,867
-------------------------------	----	---------------

15% ARRA MATCHING REQUIREMENT	Sources and amounts of the non-federal 15% match requirement.	
Fundraising	\$	13,630

TOTAL # ARRA FUNDED MEALS		13,000
----------------------------------	--	---------------

19 Newfields Road
Exeter, New Hampshire 03833
(603) 778-8249

Experience

1978- Present

Rockingham Nutrition and Meals on Wheels Program, Inc.
106 North Road, Brentwood, NH 03833

Position: Executive Director of the Rockingham Nutrition and Meals on Wheels Program, a private nonprofit organization that provides congregate and home delivered meals, (306,056 served in 2008); social services (116,543 served in 2008); and transportation (27,387 served in 2008); to elderly and disabled residents living in Rockingham County, New Hampshire, a 37 town catchment area. Responsibilities include grant writing and presentation, personnel management, development and evaluation (72 employees), program operation and development (12 program locations; 4 programs); coordination of services, review and monitoring of programs, public relations, fundraising, budget preparation and implementation, work with and for the agency's Board of Directors, including implementation of their decisions; all federal, state, and local reporting requirements, and other duties related to the management of a nonprofit organization.

Education

BA, Summa Cum Laude, Political Science 1978 Bowdoin College, Brunswick Maine. James Bowdoin Scholar. Phi Beta Kappa.

Continuing Education:

University of New Hampshire Management Courses
Applied Food Service Sanitation Course
Rivier College Management Training
New England Hospital Assembly Management Courses,
And numerous seminars, workshops, and training on aging, personnel, volunteers, fundraising, board development, general management and more.

Professional Affiliations

The National Association of Nutrition and Aging Services
Meals on Wheels Association of America
New Hampshire Coalition of Aging Services
New Hampshire Elder Abuse Task Force Member
New England Regional Conference Committee

Education

High School Diploma - Salem NH
University of Lowell - 2 yrs

Work Experience

December 1988 - Present

Rockingham Nutrition & Meals on Wheels Program *Assistant Director*

- Support Director in any aspect needed (i.e. filing in for her in her absence, assisting her with state contracts)
- Work with Caterer on menu planning, problems, etc.
- Fundraising - town request, miscellaneous grants, fundraising events, etc.
- Assist with Staff Development (hiring, firing, training)
- Design spreadsheets, forms, newsletters, brochures, etc.
- Handle general correspondence (i.e. thank you notes, In Memoriams)
- Cover for other staff in their absence and assist them with work load when needed
- Assist in planning and organizing various events (i.e. volunteer luncheon, Day of Caring)

1980 - August 1987

K-Mart Corporation *AOD - Assistant Manager*

- Help Store Manager oversee each department and employees, allocate job assignments
- Handle all customer relationship issues - complaints, purchase approvals, etc.
- Handle various personnel issues - hiring, firing, write ups, training.
- Verify and secure cash receipts for armored guard collection
- Track various data such as ordered, received, and sold.

Skills/Certifications

Notary Republic
ServSafe Certified



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES**

BUREAU OF ELDERLY & ADULT SERVICES



**Nicholas A. Toumpas
Commissioner**

**Nancy L. Rollins
Associate
Commissioner**

**129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4680 1-800-351-1888
Fax: 603-271-4643 TDD Access: 1-800-735-2964**

September 11, 2009

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into a sole source contract with Rockingham Nutrition and Meals on Wheels Program, Inc., 106 North Road, Brentwood, New Hampshire 03833 (Vendor Code # 155197), to provide Nutrition Services/Home Delivered and Congregate meals to elderly individuals effective date of Governor and Council approval through September 30, 2010 in an amount not to exceed \$101,850.56. This contract is supported with funds made available under the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services/Home Delivered and Congregate meals. Funds are available in the following account(s) for SFYs 2010 and 2011, with the authority to adjust encumbrances between each of the State fiscal years through the Budget Office if needed and justified.

05-95-48-481010-0885 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, AOA ARRA MEALS

Fiscal Year	Class/Object Code	Class Title	Amount
SFY 2010	502-500891	Contracts to providers	\$ 87,150.56
SFY 2011	502-500891	Contracts to providers	\$ 14,700.00
Totals			\$101,850.56

Source of Funds: One hundred percent Federal ARRA funds.

EXPLANATION

Funding for this contract with Rockingham Nutrition and Meals on Wheels Program, Inc. is with American Recovery and Reinvestment Act of 2009 Public Law 111-5 (ARRA) funds, which provide Nutrition Services/Home Delivered meals that meet the needs of elderly individuals who are unable to prepare meals for themselves by providing well-balanced meals and Nutrition Services/Congregate meals that meet some needs of elderly individuals by providing meals in a group setting. Upon approval of Governor and Executive Council, this contract provides 4,408 Home Delivered Meals, at a rate of \$5.32 per meal, for a total of \$23,450.56, through June 30, 2010. In addition, it provides 13,000 Congregate meals at the rate of \$4.90 per meal, for a total of \$63,700.00 through June 30, 2010 and 3,000 Congregate meals at the same rate for a total of \$14,700.00 for the period July 1, 2010 through September 30, 2010. Services are provided in accordance with The Older

American's Act (AoA) of 1965, as amended.

The Administration on Aging (AoA) awarded BEAS two grants from the American Recovery and Reinvestment Act of 2009 (ARRA) to provide Nutrition Services /Home Delivered meals and Nutrition Services/ Congregate meals to seniors in need of food by preventing waitlists and closures and to create or retain jobs. These funds assist New Hampshire communities dealing with rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults.

The ARRA funds for the Home Delivered and Congregate Nutrition programs will be available for SFY 2010. Funding is also available for Congregate Meals Nutrition program for SFY 2011 through September 30, 2010, which coincides with the termination date of the Nutrition Services/Congregate Meals award.

The distribution of the ARRA funds for the Home Delivered and Congregate Meals programs was determined as follows: BEAS elected, with the support of the AoA, not to seek competitive bids for these services as all meals providers who submitted a bid in response to RFP 10 DCBCCS-BEAS-SS-01 released by BEAS on February 6, 2009, were awarded contracts for congregate and/or home delivered meals. BEAS contacted these providers and asked them to identify additional needs that meet the requirements of the ARRA funds. See attached list of nutrition providers, type of meals, number of meals and funding by SFY that BEAS is submitting to Governor and Executive Council for approval.

To maintain transparency and accountability for the use of ARRA funds, BEAS is awarding separate contracts to the Nutrition providers, which serves to segregate the ARRA funds from the ongoing BEAS supported Nutrition programs. Services provided and the associated costs will be tracked and reported separately on a monthly basis to meet the requirements of the ARRA legislation.

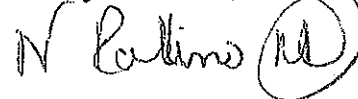
The contractor's performance will be measured by their ability to provide the number of meals and clients served, quality of service, each meal shall provide 1/3 of the Recommended Dietary Allowance (RDA) issued by the United States Departments of Health and Human Services and Agriculture, avoidance of a waitlist, and meeting the required documentation detailed in Exhibit C ARRA Standard Terms and as instructed by BEAS in accordance with the terms of the contract as evidenced by monthly invoices and reports submitted to BEAS.

Area served: See attached Catchment Area Form.

Source of Funds: One hundred percent Federal ARRA funds.

In the event that the Federal funds become no longer available, General Funds will not be requested to support these programs.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:

Nicholas A. Toumpas
Commissioner